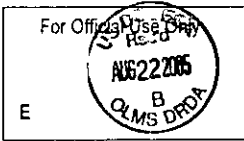


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



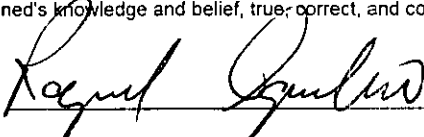
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 102 99	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name RAYMOND AQUILINO P.O. Box, Bldg., Room No., if any Street 15619 91ST STREET City HOWARD BEACH State New York ZIP Code + 4 11414	4. Name, file number, and address of labor organization. Name BCTW & GM LOCAL 102 Labor Organization File Number 025-077 P.O. Box, Building and Room Number, if any Street 108-15 CROSS BAY BLVD City OZONE PARK State New York ZIP Code + 4 11417-1520
5. Position in labor organization. SECRETARY	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 08/12/2005 Date	(718) 738-7300 Telephone Number

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with.</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name STEPHEN DAVIS P.C.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 67 WALL STREET</p> <p>City NEW YORK</p> <p>State New York ZIP Code + 4 10005</p>	<p>14.a. Nature of payment.</p> <p>LAW FIRM SENT A BUSHEL OF GRAPEFRUIT (\$36) AND A BOTTLE OF WINE (\$25) AS A TRADITIONAL CHRISTMAS GIFT.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>\$61</p>

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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name LOCAL 102 BCTW WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 108-15 CROSS BAY BLVD City OZONE PARK State New York ZIP Code + 4 11417-1520	14 a. Nature of payment DEPOSIT PAID ON BEHALF OF UNION TRUSTEE MR. RAYMOND AQUILINO TO ATTEND THE INTL FOUNDATION OF EMPLOYEE BENEFIT PLANS CONFERENCE.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b. Amount of payment. \$633

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name LOCAL 102 BCTW WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 108-15 CROSS BAY BLVD City OZONE PARK State New York ZIP Code + 4 11417-1520	14.a. Nature of payment. DUES OF \$100. PAID ON BEHALF OF UNION TRUSTEE RAYMOND AQUILINO FOR THE INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFIT PLANS.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name LOCAL 102 BCTW WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 108-15 CROSS BAY BLVD City OZONE PARK State New York ZIP Code + 4 11417-1520	14.a. Nature of payment. AIRLINE TICKET PURCHASED FOR MR. AQUILINO TO ATTEND THE INTL FOUNDATION OF EMPLOYEE BENEFIT PLAN CONFERENCE.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$226

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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name LOCAL 102 BCTW WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 108-15 CROSS BAY BLVD City OZONE PARK State New York ZIP Code + 4 11417-1520	14.a. Nature of payment. PER DIEM OF \$100. PER DAY PAID TO MR RAYMOND AQUILINO WHILE ATTENDING CONFERENCE SPONSORED BY NATIONAL MEDICAL HEALTH CARD.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="text-align: right;">\$200</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name NATIONAL MEDICAL HEALTH CARE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 26 HARBOR PARK DRIVE City PORT WASHINGTON State New York ZIP Code + 4 11050	14.a. Nature of payment. APPROXIMATE VALUE OF STAY AT HOTEL INCLUDING MEALS FOR TWO DAYS WHILE ATTENDING CONFERENCE SPONSORED BY NATIONAL MEDICAL HEALTH CARD.
13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="text-align: right;">\$500</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.